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## BIB DATA SHEET

CONFIRMATION NO. 2523

<b>SERIAL NUMBER</b> 10/730,236	<b>FILING or 371(c) DATE</b> 12/08/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> ISD-056 C1		
<b>APPLICANTS</b> Robert Sixto JR., Miami, FL; Juergen A. Kortenbach, Miami Springs, FL; Thomas O. Bales, Coral Gables, FL; <b>** CONTINUING DATA *****</b> This application is a CON of 09/981,775 10/16/2001 PAT 7,019,518 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/08/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ERIC D BLATT/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> -6
<b>ADDRESS</b> GORDON & JACOBSON, P.C. 60 LONG RIDGE ROAD SUITE 407 STAMFORD, CT 06902 UNITED STATES						
<b>TITLE</b> Surgical clip						
<b>FILING FEE RECEIVED</b> 1136	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			